



MEETING ROOM REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5154 State University Drive, Rm # 107
Los Angeles, CA 90032-8636
Phone: (323) 343-2465 Fax (323) 343-2454

Type of Sponsor: ☐ Recognized Club/Org ☐ Cal State LA Department ☐ Off-Campus ☐ Other

Organization Name: _____ Reservation Contact: _____

Phone Number: _____ Email: _____

Date of Event*: _____ Title of Event: _____

Access Start Time: _____ Event Start Time: _____ Event End Time: _____ Access End time: _____

Event Contact: _____ Phone Number: _____

Faculty/Staff Advisors Name: _____ Extension: _____

If you represent an **off campus organization**, please provide your billing address:

Street Address: _____ City/State/Zip Code: _____

SPECIAL EVENT INSURANCE CAN BE PROVIDED: Yes ☐ If YES, sponsor must name the University-Student Union, the State of California, the Trustee of the California State University, the California State University, Los Angeles, and their officers, agents, employees and volunteers as additional insured. The general liability limit must be of no less than one million dollars (\$1,000,000).

No ☐ If NO, sponsor will be required to complete Event Insurance Assessment Form (Schedule B).

EVENT INFORMATION

Please check YES or NO to the following statements regarding event details: (Additional fees may apply)

Registration, admission fees, or donations are being accepted: ☐ YES ☐ NO If so, please specify amount: \$ _____

There will be guests/vendors/participants that will be from off-campus: ☐ YES ☐ NO

There will be a vendors fair or exhibitors as part of this event: ☐ YES ☐ NO If so, specify: _____

Alcohol will be served: ☐ YES ☐ NO If so, an approved request to serve Alcoholic Beverages form must be submitted.

Food will be served: ☐ YES ☐ NO If so, who is providing? _____

This event is directly related to the educational mission of the University: ☐ YES ☐ NO What is being provided? _____

This event is sponsored or promoted by a non-University or off-campus organization: ☐ YES ☐ NO If so specify: _____

This event is a profit-making venture (i.e. product show, or solicitation of goods or services): ☐ YES ☐ NO

Decorations, banners, or signs will be displayed: ☐ YES ☐ NO If yes, please describe: _____

This event will include filming or recording: ☐ YES ☐ NO If so, please specify: _____

The media will be notified about the event (newspapers, television, radio stations etc.): ☐ YES ☐ NO If so, specify: _____

A movie/film/documentary will be shown at this event: ☐ YES ☐ NO If so, viewing rights must be provided before event can be confirmed.

This event is co-sponsored by the U-SU or on-campus department: ☐ YES ☐ NO If so, specify: ☐ CCC ☐ CSI ☐ Other: _____

EVENT LOCATION ** Indicates Multi-Media Room (See back for details)




☐ U-SU Theatre 106** ☐ Alhambra Room 305** ☐ Los Angeles Room 308A** ☐ Montebello Room 309



☐ Boardroom South 303A ☐ Pasadena Room 307 ☐ Los Angeles Room 308B**

☐ Boardroom North 303B** ☐ Los Angeles Room 308ABC** ☐ Los Angeles Room 308C** ☐ San Gabriel Room 313**


☐ Boardroom North & South 303** ☐ Los Angeles Room 308BC**

PREFERRED ROOM SET UP

☐ Theatre Style  ☐ Banquet Style  ☐ Reception Style 

☐ Conference Style  ☐ Classroom Style  ☐ Discussion Circle 

Expected Attendance

☐ Specialized 
(For specialized setups, sponsors will need to meet with a coordinator for more details.)

ADDITIONAL EQUIPMENT

- For additional details such as panels, food tables, information tables, easels, please provide more information below.

☐ Dry/Erase Markers ☐ Riser Staging ☐ Easel (up to 4) _____ Tables _____ Chairs _____ Cocktail Tables _____

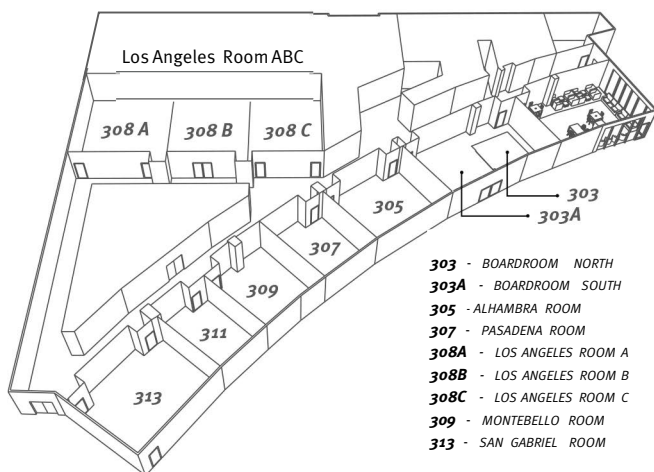
NOTES :

Requestor's Signature: _____ Date: _____

Before you sign, please review your information at the front/back of this page to ensure accuracy.

☐ **LOS ANGELES ROOM CONCERT PA** (For Bands Only)

Wired Microphone _____ up to 7 available ☐ i-pod Connection ☐ DI Box (Direct Input Box) 1 available
For events with a band playing, please set-up a meeting with Event Services Coordinator at the U-SU *Front* Desk 107.



MEDIA SERVICES – SMART ROOMS

These rooms come with a built-in Audio and Visual System.

Select the room(s) needed for audio/visual equipment then add accessories below

- ☐ **BOARD ROOM NORTH**
☐ **ALHAMBRA**
☐ **SAN GABRIEL**
☐ **LOS ANGELES A**
☐ **LOS ANGELES B**
☐ **LOS ANGELES C**
☐ **LOS ANGELES ABC** Screens: ☐ A ☐ B ☐ C ☐ Side C
☐ **LOS ANGELES BC** ☐ B ☐ C ☐ Side C

*Sponsors are responsible for providing their own laptop

MEDIA SERVICES – NON-SMART ROOMS

These rooms come with a media cart upon request.
Please select a room and individual items needed for the event.

- | | |
|---|---|
| <ul style="list-style-type: none">● BOARD ROOM SOUTH● PASADENA● MONTEBELLO● | <p>MEDIA CART OPTIONS</p> <p><input type="checkbox"/> LCD Projector <input type="checkbox"/> Bluetooth</p> <p><input type="checkbox"/> MP3 Playback <input type="checkbox"/> FM Radio</p> <p><input type="checkbox"/> Sound Connection</p> |
|---|---|

ACCESSORIES

- ☐ Non-Amplified Podium ☐ Laser Pointer/Powerpoint Clicker
☐ Laptop VGA Adaptors: ☐ MAC ☐ HDMI ☐ USB Type-C

PODIUM OPTIONS

If you selected a room, each room comes with a Podium, Projector, and Screen. Select additional items below if needed.

- ☐ 3.5 mm Jack for Audio Connection (for Sound)
☐ Podium Microphone
☐ Wireless Microphone: Hand-held _____ Up to 2
☐ Wireless Microphone: Lava lier (Clip Mic) _____ Up to 2
☐ Music Playback: ☐ iPod ☐ CD
☐ DVD/VHS ☐ DVD ☐ VHS
☐ Laser Pointer/Powerpoint Clicker
Laptop/VGA Adaptors: ☐ MAC ☐ HDMI ☐ USB Type-C

NOTE: To reserve the theatre, once the request form has been submitted a meeting must be set up with a Coordinator.

MEDIA SERVICES THEATER - U-SU THEATER PACKAGES

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic Sound - CD/Mp3 player with 1 Wireless Mic | <input type="checkbox"/> Podium | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Full Sound - CD/Mp3 player <input type="checkbox"/> Wireless Mics _____ 5 available | <input type="checkbox"/> DI Box _____ 2 available | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> HD Cinema - Projector, Blu-Ray, THX, DVD/VHS player <input type="checkbox"/> 2 Wireless Mics | <input type="checkbox"/> Computer/Sound Connection | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Presentation - Projector, Computer/Sound connection, Podium <input type="checkbox"/> 3 Wireless Mics | <input type="checkbox"/> Blu-Ray or DVD/VHS Player | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics | <input type="checkbox"/> Projector w/ computer sound connection | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Basic Stage Lighting - Stage Wash | | |
| <input type="checkbox"/> Full Stage Lighting - Stage Wash, Side Light, Down Wash, LED, & Cyc Wash | <input type="checkbox"/> Follow spot (Requires tech @ hourly rate) | |
| <input type="checkbox"/> Laptop VGA Adaptors: <input type="checkbox"/> MAC <input type="checkbox"/> HDMI <input type="checkbox"/> USB Type-C | | |

Reservation Agreement

_____ I understand initialing this agreement gives me the responsibility to pass this information to either the main contact or the event contact of this event.

Name: _____

_____ I understand that failure to come and sign my Reservation Confirmation after 2 business days from notification, will result in an **automatic cancellation**.

_____ I understand **ALL** events must be finalized **NO** later than 2 business days prior to the event date.

_____ I understand if no update on reservation request is received 3 business days after submitting Request Form, it is the sponsor/department/club/organization's responsibility to follow up with our office.

_____ I understand I, or my event contact, will need to present an ID in order to check-in the day of the event, and **ONLY** I or my event contact can sign and/or make changes to the reservation.

_____ I understand my reservation must be canceled **2 business days** prior to the event date, or it will be considered a No-Show.

_____ I understand that submitting requests less than **10 business days** in advance does not guarantee my paperwork will be processed in time.

Processed by: _____

☐ New Request

OFFICE USE ONLY

☐ Revised/Updated Request

☐ Res# _____

Updated 4/16/2018